

11 February 2019

Veterans' Compensation and Rehabilitation Inquiry  
Productivity Commission  
GPO Box 1428  
CANBERRA CITY ACT 2604

Dear Sir/Madam

RE: Submission to the Productivity Commission- Draft Report – A Better Way to Support Veterans.

Work Rehab appreciates the opportunity to make a submission to the Productivity Commission's review of the Australian veterans' compensation and rehabilitation system and arrangements and contribute to the Productivity Commission's inquiry into the system of compensation and rehabilitation for Australian veterans.

Work Rehab is an accredited rehabilitation provider with Comcare, iCare in NSW, Workcover Qld and RTWSA. We have been working with veterans for the past eight years and currently support over 400 veterans across 5 states and territories.

We would welcome any opportunities for further engagement with the Productivity Commission to support this very important inquiry.

If you would like any further information, please do not hesitate to contact me.

Yours sincerely

Jacqui Keys  
Director

## Work Rehab – an accredited rehabilitation provider response

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Work Rehab is an accredited rehabilitation provider operating across several states in Australia and under those relevant jurisdictions (i.e. Comcare, icare in NSW, Workcover Qld and RTWSA). We have been working with veterans for the past eight years by providing rehabilitation assessments and developing plans and currently support over 400 veterans across 5 states and territories. We have assisted well over 1000 veterans return to meaningful employment in civilian life and achieve psychosocial and medical management goals. During this time, we have seen numerous changes occur within the Department of Veterans' Affairs (DVA) rehabilitation space, particularly regarding processes associated with rehabilitation and administrative claims management. Given our exposure to both the workers' compensation schemes in several states as well as under the Commonwealth scheme in addition to the work we do with veterans under DVA rehabilitation, we feel that we are well placed to provide feedback from the frontline and recommendations.

Work Rehab was involved in the Timely Engagement (as referred to in the QLD RSL submission sub #125) pilot project with DVA and currently still uses this process for our clients in Qld. It works well and should be explored as an initiative to consider in the Joint Transition Command space.

Work Rehab currently work with RSL Queensland in their Lanes 2 and 3 assisting veterans with psychosocial goals as well as vocational goals.

Work Rehab work with Veterans' Centre Sydney Northern Beaches with their peer support program for new advocates as well as assisting veterans with their rehabilitation goals.

Work Rehab is passionate about the rehabilitation work we do with veterans and have established sound networks with like-minded ESO's. We currently have over 600 open RTW rehabilitation cases, of which nearly 60% of these are contemporary veterans. There is a recommendation in the report that a task force be established to review transition arrangements. We would be interested in being part of this task force OR recommend a member from the Australian Rehabilitation Providers Association (ARPA) being included here. Work Rehab is a member of ARPA, and our Director is on the Qld Council as representative to ARPA National for the QLD council.

The Productivity Commission report states that the rehabilitation system is not fit for purpose. This statement may be true but remedying actions should be wisely chosen as it will be important that the government does not unpick those elements of the rehabilitation system that provide optimum outcomes to veterans. Our summary view is below:

- We agree that this review is necessary
- DVA serves a purpose, however some internal processes and mechanisms require an overhaul
- We do not support the worker's compensation model of it falling within Defence. The rehabilitation needs of medically discharged veterans are very different to serving members
- We consider that there are opportunities for improvement that will greatly enhance the outcomes and the level of appropriate support provided to members and veterans. The potential for far greater civilian employment outcomes post service are

significant and can be improved dramatically through evidence-based workplace rehabilitation that adopts the biopsychosocial model;

- There are positive aspects to current worker's compensation models / schemes that in part would benefit the current rehabilitation system within DVA, however in essence a more holistically focused lifetime scheme would serve better. Specifically, Work Rehab believes that a lifetime care / social insurance / vocational rehabilitation model of claims management and rehabilitation for Veterans, would be of greater benefit than a Worker's Compensation model;
- We agree that the Joint Transition Command has merit and recommend the Timely Engagement initiative be explored – it currently works well.
- We support improved data collection a focus on measuring individual outcomes and on having comparable data to measure performance across like industries and groups to drive improvement.

We would also like to acknowledge the extremely good work done by DVA and its staff in supporting veterans. The comments below do not and should not be read as to cast any shadow over their individual and group contributions to improving outcomes for veterans. They are working within a system that is improving but needs further improvement. There has been a noticeable and positive shift towards transforming the way that DVA operates and its internal structural arrangements since the commencement of Ms Liz Cosson AM, CSC as Secretary of DVA.

We are grateful for the opportunity to provide feedback and input in this very important review and welcome further involvement. Please see our individual responses and recommendations below.

#### *DRAFT RECOMMENDATION 6.1*

*The Australian Defence Force Joint Health Command should report more extensively on outcomes from the Australian Defence Force Rehabilitation Program in its Annual Review publication*

#### *INFORMATION REQUEST 6.1*

*Commission is seeking information (both quantitative and qualitative) on return-to-work outcomes from Australian Defence Force and Department of Veterans' Affairs rehabilitation programs. Areas of particular interest include the appropriateness of comparing return-to-work outcome measures in military and civilian contexts, and what approaches to return to work are effective both in-service and post-service.*

Work Rehab supports the recommendation. Unlike other schemes the DVA model does not measure direct outcomes of rehabilitation meaning that there is less understanding of the effectiveness of various interventions. A person-centred model must have robust metrics and report on the outcomes of rehabilitation. Work Rehab, as a Comcare accredited rehabilitation provider does collect its own data for our annual self-audit submissions. While DVA does not require this, we can easily collect and share this information. As all cases under the DVA scheme are medically discharged personnel, they fall into either the New Employer space, if working in a worker's compensation model or have a psychosocial or medical management goal.

### *DRAFT RECOMMENDATION 6.2*

*The Department of Veterans' Affairs should make greater use of the rehabilitation data that it collects and of its reporting and evaluation framework for rehabilitation services. It should:*

- evaluate the efficacy of its rehabilitation and medical services in improving client outcomes*
- compare its rehabilitation service outcomes with other workers' compensation schemes (adjusting for variables such as degree of impairment, age, gender and difference in time between point of injury and commencement of rehabilitation) and other international military schemes*

### *INFORMATION REQUEST 6.2*

*The Commission is seeking further views on the potential use of consumer-directed care for the rehabilitation services provided to veterans, or on alternatives for providing more tailored, person-centred rehabilitation services.*

Work Rehab supports the recommendations for improvements to data and reporting that allows for outcomes to be measured and compared. At present it is difficult to compare the outcomes achieved by providers supporting veterans compared with those services provided to serving members or in fact those delivered through other jurisdictions due to the lack of accurate, comparable, objective and reliable data. The report infers better outcomes are achieved by providers supporting serving members compared to the services received by veterans and that other jurisdictions are "streets ahead of DVA in terms of providing holistic and tailored rehabilitation services". It is extremely difficult to determine how such claims can be made in the absence of comparable data. We encourage caution with respect of claims around the direct correlation of scheme performance.

Work Rehab have been providing qualitative data on outcomes to DVA for the past five years. We commenced this to demonstrate the successful outcomes that were being achieved when plans were afforded a more holistic view and were approved accordingly. This information has been used by DVA to publicise many of the positive outcomes achieved through the work undertaken with veterans.

When comparing the outcomes of our DVA cases to those in a Workers' Compensation scheme it is obvious that costs and duration are not aligned and comparable. The time taken during initial assessment, the rapport building that ensues and the biopsychosocial and community network framework required to develop a robust rehabilitation plan for a veteran are significantly longer and can be more costly than those developed under other workers' compensation systems.

Some of Work Rehab's most successful and both time and cost-efficient cases and outcomes were those developed through the Timely Engagement Pilot. The interaction between the ADFRP and DVA rehabilitation providers was veteran centric and occurred during transition.

The current rehabilitation claims system and its operation works against the principles of achieving person-centred outcomes as the core goal as it is slow, cumbersome and can be difficult to navigate. The impact on veterans between the lodgement of a claim and the determination and receipt of support can have a significant detrimental effect on the individual.

### **DRAFT RECOMMENDATION 6.3**

*Defence and the Department of Veterans' Affairs need to engage more with rehabilitation providers, including requiring them to provide evidence-based approaches to rehabilitation, and to monitor and report on treatment costs and client outcomes.*

*Changes are also required to the arrangements for providing and coordinating rehabilitation immediately prior to, and immediately post, discharge from the Australian Defence Force (ADF). Rehabilitation services for transitioning personnel across this interval should be coordinated by Joint Transition Command (draft recommendation 7.1). Consideration should also be given to providing rehabilitation on a non-liability basis across the interval from ADF service to determination of claims post-service.*

Work Rehab supports greater engagement with DVA and Defence and the provision of evidence on treatment and client outcomes. This will assist with embedding a more person-centred model and better client outcomes. The current rehabilitation claims system and its operation works against the principles of achieving person-centred outcomes as the core goal.

Work Rehab does not support the recommendation regarding coordination of rehabilitation services prior to and post discharge as recommended. The current interaction between the ADFRP and the DVA Rehabilitation Program is under-reported in The Commission's draft report (and the ADF and DVA submissions) and requires further investigation, particularly the Timely Engagement Model which is currently running successfully in Queensland. Work Rehab proposes that effective engagement of rehabilitation services at the right time is outside of the expertise of the functions proposed within the Joint Transition Command and should remain with the ADFRP and DVA / VSC. There are opportunities for further improvements of the Timely Engagement model framework.

We propose that DVA / VSC takes on a coordination role for rehabilitation services during the transition phase and post-discharge. The commissioning of rehabilitation providers should be managed by the DVA / VSC. This model would also solve the issue of non-liability rehabilitation service provision pre-claims determination.

Work Rehab was selected to work with DVA on the Timely Engagement Pilot. The interaction between the ADFRP and DVA rehabilitation providers was veteran centric and occurred during transition. The Timely Engagement Pilot continued for the following year, however, has not been rolled out in other states.

A new pilot commenced in October 2018, the Complex Case Management Pilot (CMP), now called the Well-being and Support Program (WASP). Work Rehab was selected to tender for this program and was also successful in working on this program.

The National Rehabilitation Manager for Work Rehab is also the National Account Manager for DVA within Work Rehab. The National Rehabilitation Manager was requested to work alongside Delegates within the Brisbane DVA rehabilitation team over numerous months on two different occasions to assist with this very topic. As a provider already providing tailored, person-centred rehabilitation services and utilising numerous ESO's and community service providers, Work Rehab was well equipped to assist and educate the Delegates with alternatives for rehabilitation. Some of these alternatives included avocational services such

as photography or surfing programs, family programs and more specific vocational programs. Also linking in with existing service providers known to DVA such as Legacy, Bravery Trust and RSL Qld.

More recently, Work Rehab has developed several programs that are offered as an alternative to main-stream rehabilitation services. These are being approved on plans for veterans and we are recording successful outcomes in motivating and empowering veterans, as a result. One such program is the Sleep Better, Better Sleep program. This is an evidence based transformative practice of deep relaxation and meditative inquiry that releases negative emotions and thought patterns, calms the nervous system, and develops an inner sanctuary of well-being and equanimity that underlies all circumstance you may encounter in your life. Research based on a similar program used in the United States Military has shown this form of relaxation effectively reduces PTSD, depression, anxiety, insomnia, chronic pain, and chemical dependency, as well as increases well-being. We are grateful that DVA have opened their minds to enable this to be included on a rehabilitation program and we are delighted with the response we are having with our veterans in its ability to stabilise them and enable clear thinking towards vocational and avocational goals.

Work Rehab also worked closely with the Veteran Centre, Sydney Northern Beaches to develop peer mentoring programs for Advocates to assist with supporting a wider network of veterans with services. In addition to this, we worked with Homes for Heroes and RSL Qld on alternative services for veterans. Through our work with Veterans' Centre, Sydney Northern Beaches we were able to reach a cohort of veterans who would normally slip through the system as they were either previously deemed too "unwell" to cope with the DVA claims system. If we can manage to save veterans slipping through the cracks during transition, and we have a robust and client-centric rehabilitation system that is rigorously measured yet flexible enough to understand transitioning veteran's needs, then we have accomplished a great thing.

#### *DRAFT RECOMMENDATION 7.1*

*The Australian Government should recognise that Defence has primary responsibility for the wellbeing of discharging Australian Defence Force members, and this responsibility may extend beyond the date of discharge. It should formalise this recognition by creating a 'Joint Transition Command' within Defence. Joint Transition Command would consolidate existing transition services in one body, with responsibility for preparing members for, and assisting them with, their transition to civilian life. Functions of Joint Transition Command should include:*

- preparing serving members and their families for the transition from military to civilian life*
- providing individual support and advice to veterans as they approach transition*
- ensuring that transitioning veterans receive holistic services that meet their individual needs, including information about, and access to, Department of Veterans' Affairs' processes and services, and maintaining continuity of rehabilitation supports*
- remaining an accessible source of support for a defined period after discharge reporting on transition outcomes to drive further improvement.*

#### *INFORMATION REQUEST 7.1*

*The Commission is seeking feedback on the period of time that Joint Transition Command*

*should have responsibility for providing support to members and former members of the Australian Defence Force who require that support.*

The report recommends several things including that the rehabilitation system needs to focus on the wellbeing of veterans over their lifetime. Considerations such as this, according to the report, need to be supported by initiatives aimed at preparing veterans for their transition to civilian life with responsibility centralised within a new Joint Transition Command. The importance of supporting people to integrate into the workforce and the health benefits of work are clear given the amount of research done in this area. The actual operation and resourcing of a Joint Transition Command within Defence should be carefully considered not to simply entrench further inefficiencies and less than adequate outcomes. Careful consideration also needs to be given to the business partners through which Defence will operate to successfully establish and achieve better outcomes for veterans transitioning into external work and life.

Anecdotal information referred to in the report indicates that the transition services currently received by veterans are administratively driven and not outcome focused. There needs to be greater ownership and commitment from Defence with regards to reporting on outcomes. There also does need to be a greater focus earlier in a member's career on assisting them to build skills and resilience to transition when the time arises.

The psychological barriers to veterans transitioning to life post Defence is something that should commence early in a serving members career, so that when or if they should want or need to transition out of Defence then it is easier to achieve. The report suggests that this role should be conducted by ADF and DVA personnel. It would be of great value and give greater prospect of success if ADF and DVA personnel were adequately supported by clinical professionals in the development and delivery of such programs. These initiatives should be woven into development activities for Defence members, so they are able to appreciate the skills and expertise being developed and how they are transferable into civilian roles on transition.

Furthermore, the ongoing assistance to veterans to transition through an enhanced package of transition support to civilian life should be adopted. The impact on individuals and their families can be significant with such a large life changing event. It can be a trigger for long-term negative consequences for individuals and their families. In order to ensure that everyone is appropriately supported there should be a wellness and medical assessment conducted of the veteran and their family prior to leaving the Defence force. This will allow for services and supports to be tailored to every individual.

Aspects of the services must be accessible to the family members of veterans as they are impacted by such significant life events. The family units around veterans should be maintained and supported where possible, as it is the human connection and care from where people going through significant life events can rely on and lean on in times of need. The impact on veteran families can be substantial and accordingly can flow on to broader social impacts if they are not supported during periods where there can be high tension and stress.

Failure to support veterans through the transition will have a significant impact on the individuals, families, community and ultimately the healthcare system and other government services. Alternatively, an appropriately supported veteran will swiftly move to integrate into civilian life and become confident contributing members of society.

Work Rehab – supporting veterans

There is a recommendation in the report that a task force be established to review transition arrangements. At least one rehabilitation provider should have a presence on this task force, preferably one who currently works with the DVA rehabilitation program and one who works with the Defence (Joint Health Command / Garrison Health) program. Given Work Rehab's success with veterans and experience we would be delighted to assist.

Thank you again for the opportunity.